

KANSAS HEALTH STATISTICS REPORT

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – No. 10 August 2001

HIPAA Assessment and Readiness Underway in Kansas

The administrative simplification provisions within the Health Insurance Portability and Accountability Act (HIPAA) of 1996 introduce a number of significant changes for the health care industry. Standardization of claims transactions, security provisions, and restrictions on the use of health information create a number of issues for everyone using patient-level data. Collaboration and sharing of information will be critical as Kansas addresses these issues.

A group called the HIPAA Assessment and Readiness for Kansas (HARK) has formed to foster collaboration and information sharing that will be needed to more effectively and efficiently address HIPAA provisions. HARK Steering committee members include representatives from key Kansas HIPAA stakeholders, such as the Department of Social and Rehabilitation Services (SRS), Blue Cross and Blue Shield of Kansas, Kansas Hospital Association, Kansas Medical Society, Professional Data Systems, Kansas Department of Health and Environment, and Kansas Association of Local Health Departments. This committee has convened to develop strategies to address HIPAA readiness issues and increase awareness.

This effort is in its infancy in Kansas. However, with significant strides gained by other states that have initiated similar activities, the intent is to use products and share information developed by these initiatives. This will save time and money for the large number of entities in Kansas that HIPAA affects.

An ongoing assessment of HIPAA readiness for Kansas is being conducted, and the steering committee has convened workgroups to address:

- transactions, codes, and Identifiers
- security
- privacy
- awareness, education, and training.

These workgroups will develop consensus regarding issues for their particular focus area. Deliverables, such as recommended processes and procedures, will be created and made available publicly. For more information or to get involved, contact Elizabeth (Lou) Saadi, KDHE at 785-296-8627 or Cathy Holmes, BC/BS of Kansas at 785-291-8709.

Elizabeth W Saadi, PhD
Office of Health Care Information

C-Section Rate Decline Is Reversed

Kansas' cesarean section rate in the 1990s fell to a low of 16.6 per 100 births in 1998 but climbed to 19.7 the following year (Figure 1). A report from the National Center for Health Statistics showed a similar trend nationally. The rate of C-section deliveries in the U.S., after falling steadily from 1990-1996, climbed for the third consecutive year in 1999.

These and other findings are available in *Cesarean Section Rates and Vaginal Birth After Previous Cesarean Rates, Kansas, 1990-1999*, a report prepared by KDHE's Center for Health and Environmental Statistics presenting trends in cesarean rates and vaginal birth after previous cesarean (VBAC) rates from Kansas birth certificate data. A comparison of rates

for two 5-year periods (1990-1994, 1995-1999) is presented by selected characteristics.

Rates for Births by Cesarean Section and by VBAC
Kansas Residents, 1990-1999

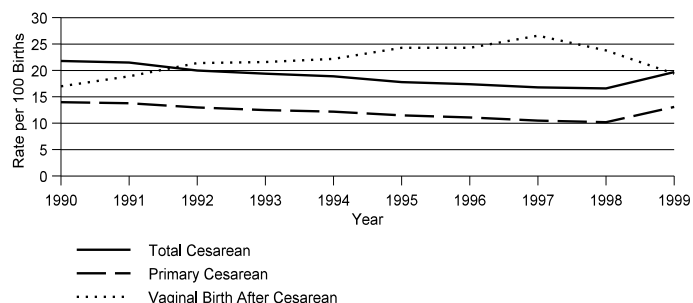


Figure 1

The C-section rate in this country has come under scrutiny due to its dramatic increase in the 1970s and 1980s and because it is among the highest for developed nations. Some alarm has been expressed at the frequency of the procedure. Although this procedure can save lives, it is associated with increased risks for maternal death and morbidity and perinatal morbidity¹.

C-sections have long been regarded as more dangerous than vaginal births, with medical risks for the mother, including infection, hemorrhage, psychological complications, injury to other organs and even death. For the infant, prematurity, laceration, and respiratory problems are possible risks. Additionally, a cesarean costs nearly twice as much as a vaginal birth.

In response, the US Department of Health and Human Services has targeted a 15% cesarean rate as one of the Healthy People 2000 Objectives. According to the World Health Organization, no region in the world is justified in having a cesarean rate greater than 10 to 14 percent². However, there has been some concern on the part of maternal and child health professionals that the federal government's Healthy People goal of reducing the US cesarean delivery rate to 15% of deliveries may put some mothers and infants at risk. An article in the New England Journal of Medicine (1999), written by four Harvard Medical school doctors, contends that the advantages of a vaginal delivery only apply to safe vaginal deliveries and that reducing the rate of c-section deliveries may lead to higher costs and more complications for mothers and their babies³.

Highlights

Healthy People 2000 set a goal of reducing the C-section rate to 15 C-sections per 100 deliveries. This goal may not be met for year 2000 data for Kansas residents. The increase in the Kansas cesarean rate in 1999 to 19.7 comes after a steady decline between 1990-1998, from 21.8 to 16.6. The goal remains

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unchanged for Healthy People 2010.

Cesarean rates for Kansas residents are generally higher for women who are older, are married, have generally higher levels of education and better prenatal care. These trends are reversed for VBACs.

Of the 71,632 C-sections to Kansas residents in the 1990s, 30,415 (42.5%) were repeat operations. In the U.S., during this same time period, over one-third (36.1%) of all cesareans (1,348,288) were repeat cesareans (486,119). Therefore, a major initiative for reducing the cesarean delivery rate has been to encourage women to attempt a vaginal birth after a cesarean delivery (VBAC).

In the past, it was believed that once a woman had a cesarean section, all of her subsequent deliveries should also be cesarean. Current medical opinion is that most of these women can attempt a natural vaginal delivery. According to the American College of Obstetricians and Gynecologists (ACOG), most low risk women who have had a low transverse C-section can deliver vaginally in subsequent deliveries.

In July 1999, ACOG issued a guideline which continues to endorse VBAC, but recommends a cautious approach and consideration of maternal risk factors before attempting a natural vaginal delivery after a previous cesarean. The rise in the overall cesarean rate, after a steady decline during the decade, may indicate that the more cautious approach may lead to increases in cesarean deliveries.

Efforts to reduce the rise in C-sections for Kansas residents have had some success in the 1990s. Findings in this report indicate that from 1990-1999 the overall cesarean rate dropped 9.6% to 19.7 while the VBAC rate rose 14.1% to 19.4. However, after falling each year from 1990 to 1998, the rate rose in 1999. A report from the National Center for Health Statistics showed a similar trend nationally. The rate of C-section deliveries in the U.S., after falling steadily from 1990 to 1996, increased again in 1999.

Cesarean Section Rates and Vaginal Birth After Previous Cesarean Rates, Kansas, 1990-1999 is available in an HTML format at the KDHE Web site, <http://www.kdhe.state.ks.us/ches>. Requests for single, printed copies should be made to the KDHE Office of Health Care Information at 785-296-8627.

Karen Sommer
Joy Crevoiserat

Vital Statistics Data Analysis

References

1. CDC. "Rates of Cesarean Delivery-United States, 1993". *MMWR* 1995;44:303-7.
2. Slon, Stephanie. C-sections: Then and Now. [Online] Available <http://www.cnn.com/HEALTH/women/9905/17csection/index.html>, May 19, 1999.
3. Sachs BP, C Kobelin, MA Castro, F Frigoletto. The Risks of Lowering the Cesarean-Delivery Rate. The New England Journal of Medicine Sounding Board. [Online] Available <http://www.nejm.org/content/1999/0340/0001/0054.asp>, Jan. 7, 1999.

KIC System Adds Data

The quality and quantity of public health data available through the Kansas Information for Communities (KIC) is growing. Funded by a Data Utilization Enhancement grant from the Health Resources and Services Administration, the Center for Health and Environmental Statistics hired a database analyst to continue the process of adapting the Missouri Information for Community Assessment (MICA) interactive query system for use in Kansas.

Datasets added include Pregnancy by County, Population, and Deaths through 1998 by ZIP Code. The

Birth by County dataset has been updated to include a feature that creates percentages for birth outcomes.

The Pregnancy KIC will provide counts for live births, fetal deaths, and abortions from 1993 to 1999. The data are available by county, race, marital status, and education of the mother. Users will also be able to create population-based rates for each of the three birth outcomes. Rates for marital status, education of the mother, and race are not possible because population estimates are not available.

The Population KIC features US Census estimates for five-year age-groups covering 1990 through 1999. Data can be analyzed by county, sex, race, and age-group.

Deaths by ZIP Code enables users to evaluate deaths, coded to ICD-9, for 1989 to 1998. Race, sex, and age-group breakouts are possible.

All of the HTML pages created by KIC can be downloaded as a comma-separated variable (CSV) file and opened into a spreadsheet program. The HTML page itself can be saved and opened in Quattro Pro® or Excel® programs.

CHES is continuing work with the Missouri Department of Health, the developer of MICA, to update the Death KIC. Owing to the change in coding mortality, ICD-10 replaced ICD-9, tabulations of 1999 and forward mortality data are incompatible with prior years. CHES hopes to update the Death KIC system with new data once the methodology to group ICD-9 deaths into ICD-10 groups is resolved.

As this issue of Kansas Health Statistics Reports went to publication, work was continuing on creating an infectious disease query system and a KIC program to analyze hospital discharge data.

The KIC web address is <http://kic.kdhe.state.ks.us/kic/>. The site has links to notes and limitations which cover the use of the data, address how rates are calculated and provide an instructional guide to the system.

Greg Crawford
Jeremiah Wehland
Vital Statistics Analysis

Hospitalizations Among Kansas Residents Age 65 and over, 1995-1999

The Health Care Data Governing Board, through a partnership with Kansas Hospital Association, has acquired hospital discharge data for Kansans. Analyses in this and future *Kansas Health Statistics Report* articles focus on demographic groupings pertinent to evaluating the health of Kansans. The present study focuses on the distribution of hospitalizations across Kansas for citizens aged 65 and over for the years 1995-1999.

Summary of Findings

For 1995-1999 admissions involving persons aged 65 and

Hospitalizations for Kansas Age 65 and Over					
	1995	1996	1997	1998	1999
Over 65 Hospital Admissions	116,414	118,243	119,923	122,363	122,603
Over 65 Population	355,153	356,053	355,766	355,199	354,079
Kansas Population	2,586,942	2,598,266	2,616,339	2,638,667	2,654,052
Over 65 Admissions as Percent of Over 65 Population	32.8%	33.2%	33.7%	34.4%	34.6%
Over 65 Admissions as Percent of Kansas Population	4.5%	4.6%	4.6%	4.6%	4.6%
Over 65 Population as Percent of Kansas Population	13.7%	13.7%	13.6%	13.5%	13.3%
Mean Age	78.2	78.3	78.5	78.7	78.7
Mean LOS (days)	6.17	5.9	5.75	5.67	5.61

Table 1

over, the mean age increased .73% from 1995 to 1999, while the mean Length of Stay (LOS) fell 9% (Table 1). Hospitalization admission rates for the elderly increased slightly from 4.5% to 4.6% during 1995 and 1999 respectively, while the over-65 population as a percent of total Kansas population dropped from 13.7% to 13.3%.

ICD 9CM Categories

Another convenient way to arrange diagnostic data is to group cases by the first three digits of the ICD-9CM codes. Table 2 illustrates the results of this approach when three-digit groups are ranked by number of cases in descending order. The dominance of the group that includes most of the diagnoses relating to heart disease is clear; conditions relating to lung ailments and to digestive disorders are also prominent.

Admissions Grouped by ICD 9CM Three Digit Classification Kansans Age 65 Years and Older 1995-1999				
ICD-9 Three Digit Descriptions	Count	Mean LOS	Mean Age	Percent
Circulatory System (390-459)	180,025	5.2	78.2	30.8%
Respiratory System (460-519)	82,760	6.4	79.3	14.2%
Digestive System (520-579)	62,776	5.6	78.6	10.8%
Injury and Poisoning (800-999)	54,388	6.0	80.5	9.3%
Neoplasms (140-239)	36,833	7.1	76.1	6.3%
Musculoskeletal System 710-739	36,810	5.3	76.7	6.3%
Genitourinary System (580-629)	30,694	4.3	77.9	5.3%
Symptoms, Signs, Ill Defined Conditions (780-799)	26,768	3.3	78.0	4.6%
Endocrine, Nutritional, Metabolic Diseases (240-279)	24,008	5.4	79.2	4.1%
Infectious & Parasitic Diseases (001-139)	14,531	6.8	79.6	2.5%
Mental Disorders (290-319)	13,625	9.3	78.4	2.3%
Skin/Subcutaneous Tissue (680-709)	7,915	6.6	80.0	1.4%
Nervous System & Sense Organs (320-389)	7,299	5.6	78.2	1.3%
Blood/Blood-forming Organs (280-289)	4,949	4.8	79.4	0.8%
Congenital Anomalies (740-759)	289	5.7	75.2	0.0%
Overall	583,670	5.8	78.5	100.0%

Table 2

For more information about the data in this article, please contact Don Owen at 785-368-7316.

Donald Owen
Health Care Data Analysis

Improved Mental Health Coverage

Recent provisions in House Bill 2033, passed by the 2001 Kansas Legislature and effective January 1, 2002, states that those companies selling group health policies must provide coverage for the diagnosis and treatment of certain mental illnesses. This is a great step towards providing the same coverage for mental illnesses as provided for physical illnesses. Research conducted through the Kansas Health Insurance Information System Database (KHIS), indicated that inclusion of the provisions in HB 2033 in Kansas would result in a minimal cost increase for insurance purchasers. Other states had similar findings. This information was used in the debate to support the improved mental health coverage outlined in the bill.

Key provisions in the legislation include:

- "Mental illness" means: schizophrenia, schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major affective disorders (bipolar and major depression), cyclothymic and dysthymic disorders, obsessive compulsive disorder, panic disorder, pervasive developmental disorder, including autism,

attention deficit disorder, and attention deficit hyperactive disorder.

- The mental illness benefit must include annual coverage for 45 days of in-patient care and 45 visits of out-patient care for mental illness.
- If coverage is offered for prescription drugs, it must also cover psychotherapeutic drugs used for treatment of mental illness the same as coverage for other drugs.
- Drug Coverage. If coverage is offered for prescription drugs, it must also provide coverage for psychotherapeutic drugs used for treatment of mental illness under terms and conditions no less favorable than coverage for other prescription drugs.

In addition to the provisions in the legislation, on or before January 1, 2003, the Insurance Department is to deliver a report to the President of the Senate and to the Speaker of the House of Representatives indicating the impact of providing mental illness benefits required by this bill. The report will include information regarding access to and usage of such services and the cost of those services.

For more information contact the Kansas Insurance Department or the Office of Health Care Information, Center for Health and Environmental Statistics, KDHE.

Jeremy Anderson, KID
Elizabeth W Saadi, Ph.D., KDHE

Pregnancy-Related Deaths Among Minority Racial/Ethnic Groups

Maternal mortality by race studies have typically focused on rate disparities between blacks and whites, with little attention to the groups lumped into the "other" category. An article in the Centers for Disease Control's Morbidity and Mortality Weekly Report, Vol. 50, examines pregnancy-related mortality ratios (PRMRs) for the minority racial/ethnic groups of Asian/Pacific Islanders, American Indians/Alaska Natives, and Hispanics. Analyses were based on 1991-1997 data from all 50 states, representing 3,193 pregnancy-related deaths.

Risks for all three groups were found to be higher than for whites and lower than for blacks. PRMRs (defined as the number of pregnancy-related deaths per 100,000 live births) for Asian/Pacific Islanders, American Indians/Alaska Natives, and Hispanics were 11.1, 12.2, and 10.3 respectively, compared to PRMRs of 7.3 for whites and 29.6 for blacks. Additionally, PRMRs for foreign-born Hispanic women were approximately 50 percent higher than for those born in the United States.

It is estimated that by 2025, the three minority groups considered, combined, will account for approximately 25 percent of the females of reproductive age in the United States. Therefore, it will become increasingly important to address their reproductive health issues. While other factors, such as differences in socioeconomic status, access to and quality of care, lack of health insurance, and language and cultural barriers should be examined and addressed in order to reduce racial disparities in health outcomes, continued monitoring of pregnancy-related deaths and pregnancy related illnesses is necessary to assist in the development and assessment of preventive programs.

In Kansas, from 1991 to 1999, there have only been from one to five deaths per year attributable to pregnancy-related causes, making statistical analysis difficult because of the small numbers. Consequently, national studies, such as the one reported are the best source of information on relative risk.

Vital Statistics Data Analysis

Sources: CDC. "Pregnancy-Related Deaths Among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native Women - United States, 1991-1997". Morbidity and Mortality Weekly Report, Vol. 50, No. 18, May 11, 2001, pp. 361-364.

2000 Kansas Vital Statistics *

County of Residence	Live Births	Deaths	Marriages	Marriage Dissolutions	County of Residence	Live Births	Deaths	Marriages	Marriage Dissolutions
Kansas.....	39,654	24,676	20,426	10,105					
Allen.....	198	169	86	44	Lyon.....	540	323	295	38
Anderson.....	111	104	54	41	Marion.....	141	210	75	39
Atchison.....	209	183	118	65	Marshall.....	106	139	87	36
Barber.....	40	73	33	27	McPherson.....	346	344	229	95
Barton.....	343	351	251	56	Meade.....	77	53	32	10
Bourbon.....	206	221	129	61	Miami.....	377	265	208	55
Brown.....	147	135	77	47	Mitchell.....	61	110	60	28
Butler.....	775	580	421	238	Montgomery.....	482	486	325	156
Chase.....	29	37	34	6	Morris.....	69	83	57	20
Chautauqua.....	39	65	42	22	Morton.....	62	33	46	13
Cherokee.....	279	281	123	56	Nemaha.....	136	158	88	26
Cheyenne.....	38	43	20	12	Neosho.....	216	207	127	63
Clark.....	30	27	16	5	Ness.....	31	61	24	11
Clay.....	97	107	71	40	Norton.....	72	81	33	32
Cloud.....	102	175	76	49	Osage.....	192	171	115	87
Coffey.....	109	94	74	151	Osborne.....	35	74	24	11
Comanche.....	26	31	22	4	Ottawa.....	80	68	31	16
Cowley.....	457	439	297	195	Pawnee.....	77	102	58	44
Crawford.....	580	483	246	185	Phillips.....	88	84	38	32
Decatur.....	36	47	33	6	Pottawatomie.....	264	173	85	51
Dickinson.....	232	226	157	89	Pratt.....	118	128	79	37
Doniphan.....	96	108	63	22	Rawlins.....	26	48	17	3
Douglas.....	1,182	538	733	344	Reno.....	886	699	560	387
Edwards.....	53	45	20	15	Republic.....	47	109	41	26
Elk.....	32	72	26	19	Rice.....	127	136	64	29
Ellis.....	334	229	207	116	Riley.....	901	296	480	175
Ellsworth.....	43	103	53	54	Rooks.....	53	70	49	11
Finney.....	921	225	318	137	Rush.....	46	54	24	15
Ford.....	655	262	259	112	Russell.....	80	106	62	29
Franklin.....	353	245	167	110	Saline.....	752	493	423	333
Geary.....	565	197	450	225	Scott.....	61	58	47	17
Gove.....	37	32	15	8	Sedgwick.....	7,838	3,626	3,890	2,877
Graham.....	23	43	22	9	Seward.....	534	160	209	112
Grant.....	138	64	69	25	Shawnee.....	2,463	1,757	1,382	713
Gray.....	98	56	40	11	Sheridan.....	23	27	15	8
Greeley.....	19	19	6	7	Sherman.....	82	73	51	34
Greenwood.....	94	113	61	39	Smith.....	34	76	36	12
Hamilton.....	45	31	21	16	Stafford.....	46	74	22	11
Harper.....	69	107	56	20	Stanton.....	44	26	18	11
Harvey.....	447	367	254	38	Stevens.....	98	52	47	32
Haskell.....	81	30	23	9	Sumner.....	324	308	212	96
Hodgeman.....	15	14	9	3	Thomas.....	106	78	50	32
Jackson.....	164	130	76	36	Trego.....	32	49	33	20
Jefferson.....	192	160	102	68	Wabaunsee.....	79	75	36	17
Jewell.....	19	67	17	17	Wallace.....	22	19	13	1
Johnson.....	6,989	2,661	2,686	469	Washington.....	62	99	41	10
Kearny.....	70	38	28	8	Wichita.....	27	26	16	7
Kingman.....	101	99	57	27	Wilson.....	124	169	92	67
Kiowa.....	34	42	23	6	Woodson.....	31	55	20	11
Labette.....	256	324	139	129	Wyandotte.....	2,809	1,532	1,310	405
Lane.....	16	20	17	4					
Leavenworth.....	891	443	515	156					
Lincoln.....	48	54	27	9					
Linn.....	126	114	75	33					
Logan.....	38	50	36	4					

*Residence data are presented for births and deaths
Occurrence data are presented for marriages and marriage dissolutions

Source: KDHE Center for Health and Environmental Statistics

Health Care on the Internet

(Editor's Note: The author is a data analyst for the Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration, and maintains a list of health-related web sites. This List was last modified on April 18, 2001 by Narinder Singh, NarSingh@swbell.net. Comments and suggestions will be appreciated. While every attempt has been made to assure accuracy of the URLs contained herein, users are advised that inaccuracies may exist and that inclusion of a website in the list does not constitute an endorsement of the site or its content by the Kansas Department of Health and Environment.)

General Reference	
Martindale's Health Science Guide	http://www.sci.lib.uci.edu/HSG/HSGuide.html
Martindale's 'The Reference Desk'	http://www.sci.lib.uci.edu/HSG/Ref.html
Galaxy Health Directory	http://health.galaxy.com/
WebMD	http://www.webmd.com/
DrKoop.com	http://www.drkoop.com/
Medscape Today	http://www.medscape.com/
Government Sites	
Official Website for Searching U.S. Government	http://www.firsgov.gov/
FedWorld HomePage	http://www.fedworld.gov/
The White House	http://www.whitehouse.gov
U.S. Department of Health and Human Services	http://www.hhs.gov/
HealthyPeople2010	http://www.health.gov/healthypeople/
Healthfinder	http://www.healthfinder.gov/
Centers for Medicare and Medicaid Services (formerly HCFA)	http://www.cms.hhs.gov/
Health Resources and Services Administration	http://www.dhhs.hrsa.gov/
Centers for Disease Control & Prevention (CDC)	http://www.cdc.gov/
CDC WONDER: Health Information Resources	http://wonder.cdc.gov/
CDC Health Topics A to Z	http://www.cdc.gov/health/diseases.htm
National Institutes of Health (NIH)	http://www.nih.gov/
U.S. National Library of Medicine	http://www.nlm.nih.gov/
Social Security Administration	http://www.ssa.gov/
Food and Drug Administration (FDA)	http://www.fda.gov/
THOMAS -- U.S. Congress on the Internet	http://thomas.loc.gov/
U.S. Government Printing Office (Laws, Rules & Regs)	http://www.access.gpo.gov/
U.S. Census Bureau	http://www.census.gov/
Tiger Map Server for Census Demographics	http://tiger.census.gov/cgi-bin/mapbrowse.tbl
Administration for Children and Families	http://www.acf.dhhs.gov/
Administration on Aging	http://www.aoa.dhhs.gov/
Substance Abuse and Mental Health Services Administration (SAMHSA)	http://www.samhsa.gov/
Federal Forms Download Site	http://www.hcfa.gov/forms/
Health Care Information	
Achoo: Gateway to Health Care	http://www.achoo.com/
The Dartmouth Atlas of Health Care	http://www.dartmouthatlas.org/
Alpha Center's Glossary of Health Care Terms	http://www.ac.org/httpdocs/glossary.html
AMSO Definition of Terms	http://www.amsco.com/terms.html
FDA Drug Information	http://www.fda.gov/cder/drug/default.htm
National Health Information Center	http://www.health.gov/nhic/
Healthcare Information Systems Directory	http://www.health-infosys-dir.com/
Tenny's MedicalPage	http://www.mebbs.com/tenny/medical.htm
WWW Virtual Library: Biosciences: Medicine	http://www.ohs.u.edu/c liniweb/wwwv/
Medicine OnLine	http://www.meds.com
HealthGate	http://www3.healthgate.com/
MEDLINKS	http://www.medlinks.com/links.htm
Health Statistics	
FedStats Home Page	http://www.fedstats.gov/
Bureau of Labor Statistics	http://stats.bls.gov/
HCFA Data and Statistics	http://www.hcfa.gov/stats/
CDC Data and Statistics	http://www.cdc.gov/scientific.htm
National Center for Health Statistics	http://www.cdc.gov/nchs/index.htm
NCHS - FASTATS	http://www.cdc.gov/nchs/fastats/Default.htm
NCHS - Surveys and Data Collection Systems	http://www.cdc.gov/nchs/express.htm
BRFSS Sitemap	http://www.cdc.gov/nccdp/hp/brfss/sitemap.htm
Data Surveys Index Page	http://www.ahrq.gov/data/
Census Bureau Home Page	http://www.census.gov/
Health Insurance Statistics (Census)	http://www.census.gov/ftp/pub/hhes/www/hlthins.html
U.S. Census Bureau - TIGER	http://www.census.gov/geo/www/tiger/index.html
CDC Data	http://www.cdc.gov/scientific.htm
AMA Physician-Related Data Resources	http://www.ama-assn.org/ama/pub/category/2670.html

Quality of Health Care	
NCQA: National Committee for Quality Assurance	http://www.ncqa.org/
NCQA MCO Accreditation Information	http://www.ncqa.org/Pages/Programs/Accreditation/mco/accred.htm
Joint Commission on Accreditation of Healthcare Organizations	http://www.jcaho.org/
Health Care Organizations Accreditation	http://www.jcaho.org/trkhco_frm.html
FACCT--The Foundation for Accountability	http://www.facct.org/
Health Care Associations, Societies	
Medical associations/societies	http://www.pslgroup.com/dg/medassoc.htm
American Medical Association	http://www.ama-assn.org/
American Cancer Society	http://www.cancer.org/
World Health Organization (WHO)	http://www.who.int/
American College of Healthcare Executives (ACHE)	http://www.ache.org/
Mayo Clinic	http://www.mayo.edu/
Health Care Journals	
Health Care Journals	http://www.docguide.com/dgc.nsf/web-journals?Openform&id=48DDE4A73E09A969852568880078C249
Medical and Health Journals	http://www.pslgroup.com/dg/medjournals.htm
Journal of the American Medical Association (JAMA)	http://jama.ama-assn.org/
New England Journal of Medicine	http://www.nejm.org/
Health Care Research	
Agency for Healthcare Research and Quality (AHRQ)	http://www.ahrq.gov/
CDC Funding Opportunities	http://www.cdc.gov/funding.htm
NIH Funding Opportunities	http://grants.nih.gov/grants/funding/funding.htm
National Center for Research Resources (NCRR)	http://www.ncrr.nih.gov/
HRSA Grants	http://WWW.HRSA.DHHS.GOV/grants.htm
MEDLINE on PubMed	http://www.ncbi.nlm.nih.gov/PubMed
Mathematica Home Page	http://www.mathematica-mpr.com/
The Urban Institute	http://www.urban.org/
RAND	http://www.rand.org/
Alpha Center	http://www.ac.org/
National Health Policy Forum (NHPF)	http://www.nhpf.org/
Health Law	
Federal Laws	http://fedlaw.gsa.gov/
Code of Federal Regulations (CFR)	http://www.access.gpo.gov/nara/cfr/cfr-table-search.html
National Health Law	http://www.healthlaw.org/
Health Policy	
Dept of HHS--Asst. Secretary for Policy & Evaluation	http://aspe.os.dhhs.gov/Index.htm
Electronic Policy Network (Idea Central)	http://www.epn.org/ideacentral/
National Assoc. of State Medicaid Directors	http://medicaid.apwa.org/
Hospitals	
HospitalWeb - USA	http://neuro-www2.mgh.harvard.edu/hospitalwebusa.html
Hospitals, Doctors & HMOs by State	http://doctorline.com/hmostate.htm
The Virtual Hospital	http://www.vh.org/
Health Professionals	
Doctorline	http://doctorline.com/
Doctor's Guide to Health Care	http://www.docguide.com/
Virtual Nurse: A CyberSpace Nursing Community	http://virtualnurse.com/
Ann's Nursing Links	http://members.evansville.net/aew/nurse.html
NursingNet	http://www.nursingnet.org/
Nurse Friendly Nursing Humor	http://www.jocularly.com/
Computerized Medical Diagnosis	http://www.cmd.sci.fi/
Kansas Resources	
State of Kansas	http://www.accesskansas.org/
Kansas Statutes	http://www.accesskansas.org/legislative/statutes/
Kansas Dept. of Health & Environment (KDHE)	http://www.kdhe.state.ks.us/
Kansas Dept. of Social & Rehab Services (SRS)	http://www.srskansas.org/
KS Health Care Data Governing Board	http://www.state.ks.us/public/hcdgb/main.html
Blue Skyways of Kansas	http://skyways.lib.ks.us/
Yahoo! - Kansas Resources	http://www.yahoo.com/Regional/U_S_States/Kansas/
Interactive Map of Kansas/KCN	http://www.ukans.edu/heritage/towns/kanmap.html
KU Medical Center	http://www.kumc.edu/

Narinder Singh, Ph.D., MHA
Centers for Medicare and Medicaid Services

Census Data by Age-Group

The US Census Bureau continues to release summary data from the 2000 Census. The latest data includes breakouts by age-groups (Table 4). The numbers are important in the calculation of population-based rates. Visit the Census Bureau web site at <http://www.census.gov> for the most recent data releases.

Kansas Fire Injury Prevention Program (KFIPP) Saves Lives

Fires kill Kansans of all ages, but those under five or more than 75 are particularly vulnerable. Figure 2 presents the age distribution for the 164 Kansans who died in fire related deaths in the years 1995 - 1999 [1] (Coding specifications, 1995-1998, ICD-9 coding E890-899; 1999, ICD-10 coding X00-X09).

Kansas Population, 2000, by Age-groups and Sex							
Age	Number			Percent			Males per 100 Females
	Both Sexes	Male	Female	Both Sexes	Male	Female	
Total population	2,688,418	1,328,474	1,359,944	100.0	100.0	100.0	97.7
Under 5 years	188,708	97,012	91,696	7.0	7.3	6.7	105.8
5 to 9 years	195,574	100,433	95,141	7.3	7.6	7.0	105.6
10 to 14 years	204,018	104,981	99,037	7.6	7.9	7.3	106.0
15 to 19 years	210,118	108,040	102,078	7.8	8.1	7.5	105.8
20 to 24 years	190,167	98,767	91,400	7.1	7.4	6.7	108.1
25 to 29 years	172,975	89,034	83,941	6.4	6.7	6.2	106.1
30 to 34 years	175,878	89,610	86,268	6.5	6.7	6.3	103.9
35 to 39 years	207,549	103,934	103,615	7.7	7.8	7.6	100.3
40 to 44 years	212,802	106,394	106,408	7.9	8.0	7.8	100.0
45 to 49 years	192,679	96,544	96,135	7.2	7.3	7.1	100.4
50 to 54 years	161,468	81,121	80,347	6.0	6.1	5.9	101.0
55 to 59 years	121,645	59,523	62,122	4.5	4.5	4.6	95.8
60 to 64 years	98,608	47,566	51,042	3.7	3.6	3.8	93.2
65 to 69 years	90,085	41,641	48,444	3.4	3.1	3.6	86.0
70 to 74 years	85,831	38,309	47,522	3.2	2.9	3.5	80.6
75 to 79 years	75,125	31,357	43,768	2.8	2.4	3.2	71.6
80 to 84 years	53,418	19,596	33,822	2.0	1.5	2.5	57.9
85 to 89 years	32,602	10,099	22,503	1.2	0.8	1.7	44.9
90 years & over	19,168	4,513	14,655	0.7	0.3	1.1	30.8
Under 18 years	712,993	366,280	346,713	26.5	27.6	25.5	105.6
18 to 64 years	1,619,196	816,679	802,517	60.2	61.5	59.0	101.8
18 to 24 years	275,592	142,953	132,639	10.3	10.8	9.8	107.8
25 to 44 years	769,204	388,972	380,232	28.6	29.3	28.0	102.3
25 to 34 years	348,853	178,644	170,209	13.0	13.4	12.5	105.0
35 to 44 years	420,351	210,328	210,023	15.6	15.8	15.4	100.1
45 to 64 years	574,400	284,754	289,646	21.4	21.4	21.3	98.3
45 to 54 years	354,147	177,665	176,482	13.2	13.4	13.0	100.7
55 to 64 years	220,253	107,089	113,164	8.2	8.1	8.3	94.6
65 years & over	356,229	145,515	210,714	13.3	11.0	15.5	69.1
65 to 74 years	175,916	79,950	95,966	6.5	6.0	7.1	83.3
75 to 84 years	128,543	50,953	77,590	4.8	3.8	5.7	65.7
85 years & over	51,770	14,612	37,158	1.9	1.1	2.7	39.3
16 years & over	2,058,489	1,004,659	1,053,830	76.6	75.6	77.5	95.3
18 years & over	1,975,425	962,194	1,013,231	73.5	72.4	74.5	95.0
21 years & over	1,847,513	895,899	951,614	68.7	67.4	70.0	94.1
60 years & over	454,837	193,081	261,756	16.9	14.5	19.2	73.8
62 years & over	413,585	173,053	240,532	15.4	13.0	17.7	71.9
67 years & over	319,867	128,467	191,400	11.9	9.7	14.1	67.1
75 years & over	180,313	65,565	114,748	6.7	4.9	8.4	57.1
Median age	35.2	33.7	36.5	(X)	(X)	(X)	(X)

Table 4

Source: US Census Bureau
(X) Not Applicable

Residential Fire/Burn Deaths in Kansas, 1995-1999

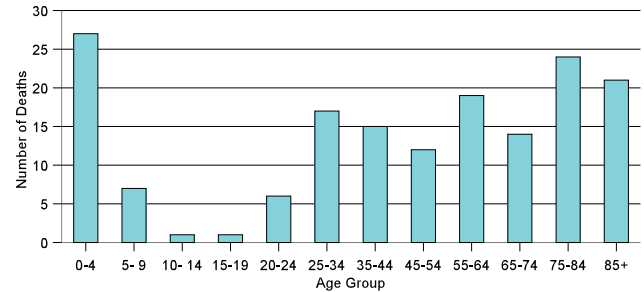


Figure 2

In 1999, according to the Kansas Fire Information System (KFIS), maintained by the State Fire Marshall Office, one residence fire was reported every 2.9 hours, one fire-related death occurred on average every 9.2 days, and one fire-related injury occurred on average every day. Over the past five years (1995-1999), Kansas has averaged about 3,500 residential fires per year, with 3,051 in 1999. In the year 2000 there were 4,779 residential fires, with 43 fire-related Kansas resident deaths and 169 Kansas resident injuries, at a dollar loss of \$47,524,014.[2]

In 1999, the Kansas Behavioral Risk Family Surveillance Survey (BRFSS), a randomized survey of Kansas adults performed

every year, indicated that 90% of the Kansas households surveyed had an installed and working smoke detector [3], an increase from 86% in 1994 [4]. The 1999 data also showed that the prevalence of households without smoke detectors increases as household income decreases (Figure 3), and households in rural areas are less likely to have a smoke detector than those in urban areas (Figure 4)[2].

Kansas Households without a Working Smoke Detector by Household Income Level

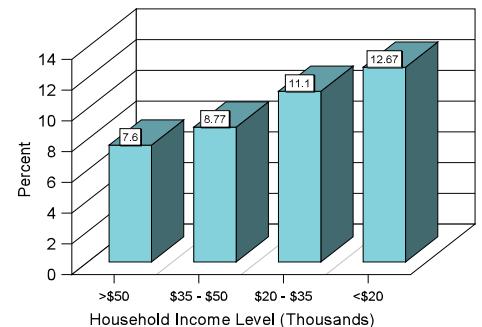


Figure 3

Kansas Households without a Working Smoke Detector by Population Density

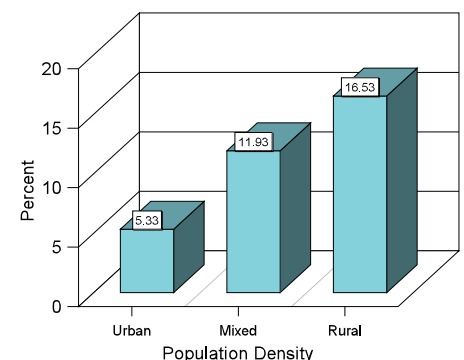


Figure 4

Table 5 presents smoke detector status in residential fire incident reports from KFIRS. In households where a fire was reported to the local fire department, there was no operating smoke detector or the detector was inoperative in 50%, 53%, and 44% of the involved residences in the years 1997, 1998, and 1999 respectively.[2]

Smoke Detector Status in Residential Fires			
Year	1997	1998	1999
Total Residential* Fires	3,529	3,093	3,051
<i>Residential Detector Performance in Homes</i>			
No Detector	1,371	1,244	983
Detector Inoperative	407	381	363
Detector Working	988	922	955
Detector Status Unknown	763	546	700

Table 5

*Residences include one family dwellings (78 - 79%), duplexes, mobile homes, apartments, and other residential structures.

Injury and Disability Prevention, KDHE has worked with the CDC implementing smoke detector projects since 1994. This program is a collaborative effort with partners such as the Kansas Fire Marshall's office, local fire departments, churches, senior groups, and SAFE KIDS coalitions. The state received funding in FY 99 for a three-year project to distribute and install

smoke detectors in high risk households and deliver fire safety education. Over the three-year period, 21,502 homes were canvassed and assessed as to whether new, additional or replacement smoke detectors were needed, and more than 4,500 smoke detectors were installed. These activities resulted in a documented seven lives saved.[5]

Carol Moyer
KDHE Bureau of Health Promotion

References

1. Center for Health and Environmental Statistics, Topeka, KS: Kansas Department of Health and Environment.
2. Kansas Fire Informational System, Topeka, KS: Kansas State Fire Marshal.
3. Kansas Behavioral Risk Factor Surveillance System, 1999.
4. Kansas Behavioral Risk Factor Surveillance System, 1994.
5. Injury and Disability Prevention, Bureau of Health Promotion, KDHE, unpublished data.

CHES Publishes 2000 Vital Statistics Counts

The KDHE Center for Health and Environmental Statistics has published its 2000 data for births, deaths, marriages, and marriage dissolutions. The data are contained in a table on page 4. County totals for the four vital events are listed. Population-based rates, trend data, and other analyses will be contained in the Annual Summary of Vital Statistics to be published later this year.

Vital Statistics Data Analysis

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Office of Health Care Information
Center for Health and Environmental Statistics
Kansas Dept. of Health & Environment
900 SW Jackson, Room 904
Topeka, KS 66612-1220

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